

Fax:

DOOR COUNTY APPLICATION FOR EMPLOYMENT

Door County is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual preference, age, marital status, pregnancy, disability, or any other legally protected status.

MAIL APPLICATION MATERIALS TO:

Door County Human Resources Dept

421 Nebraska Street Sturgeon Bay, WI 54235

Phone: (920) 746-2305

e-mail: hr@co.door.wi.us

(920) 746-2538

Door County reserves the right to test all applicants for jobrelated skills. For certain positions, a pre-employment physical examination and drug testing may be required. Deadline: Wednesday, May 19, 2010 - 4:30 p.m.

Thank you for your interest in employment with Door County. Please read the following instructions carefully:

- This application is to be filled out by the applicant only. If you are physically unable to complete this form, or need other assistance in the hiring process, reasonable accommodations may be requested.
- Incomplete or illegible applications will not be considered. Résumés will be accepted as a supplement to the application form, but will not substitute for it.
- If more space is needed, please indicate this on the application form and attach the additional paper to the application.

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Position Applied 1	Department:			Date Available:				
, " "	Door County							
Nurse (PT-20 hrs./	Community Programs							
Last Name:			First Name:		-	Middle Na	me:	
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Street Address	S:		City:	:	State: ZIP		ZIP:	
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Home Phone:	Home Phone: Work Phon			ne: May we contact you at work			Hours?	
		,					İ	
			Yes					
E-Mail Address:		T	ype of Employme					
		Full-Tim	e Part-Time	Seasonal	Casual	Intern	LTE	
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Are you at least 18 years of a minimum age requirements. I	age: (Employment r	nuy ve suvjec shall have a	n to verytoution the work permit)	n you meet sit	in una jouei		Yes	No
Are you a United States citiz	zen, or do you have	papers from	the U.S. governme	ent permitting	you to worl	k?		
(Verification will be required	l at the time of emplo	oyment.)					Yes	No
			n description with	or without re	easonable			
Are you able to perform all of the duties listed in the position description, with or without reasonable					Yes	No		
accommodation?							~	
Have you ever been convicted of a felony? (If the answer is "yes", please explain at the end of this application								
form. A "yes" answer does not necessarily disqualify an applicant.)						Yes	No	
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A "yes" answer to any of the follo					the selection	process. If	you ans	ver "yes"
A "yes answer to any of the follo	wing questions does to am of th	o followina a	uestions, please pr	ovide an explo	mation at th	e end of this	applica	tion form
	to any of the	- jouowing q	acurona, picase pr	capac				1
1-		5 .	د ا د ا د د د د د	ina disaberra	A9		Yes	No
Have you ever been suspend	ded, terminated, dis	cnarged or re	esigned to avoid be	ing discharge	.u.			
2. The same have dissiplined for attendance problems in your current or previous employment?					Yes .	No		
Have you ever been disciplined for attendance problems in your current or previous employment?								
						Yes	Νo	
Are there any gaps in emplo	oyment in excess of	thirty (30) d	ays?					
					Yes	No		
Have you ever been employ	red by Door County	?						

	EDUCAT	TION &	TRAINING				
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Highest Level Completed:		·			Yes		No
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Educat	ion & Tr	aining Re	vond High Schoo	ol:			
Education & Training Beyond High School: Dates Major Field of Study: GPA						Degre Confer	ee red &
Name & Location of Institution:	From:	To:	Major Field of Sti	iay:	HA	Year:	
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Additional skills and/or training:		•					
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Professional licensures/certifications & Expira	tion Dates:						
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Please refer to the position description for the position for the position description for the position possible. Do you have a valid Wisconsin driver's lice. If the position requires, do you have a valid If yes, please list endorsements:	DR sition for wh	TVER'S L sich you are ap # Commercial D	river's license (CDL)?	's minimum	licensin C	Yes Yes	No No
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WORK HISTORY - PART B

Please complete this section in its entirety. Give a complete record of any employment, self-employment, military service or volunteer experience you have had in the past 10 years. Please include positions beyond the 10 year period if they are related to the position for which you are applying. Start at the top with your present or most recent job. Indicate any change in job title under the same employer as a separate position. You may attach your resume as a supplement to the information you provide in the application. Please note that it is the policy of Door County to contact an applicant's current employer only after that applicant has been deemed a finalist for a position.

Employer Name:		Position Title:			Type of Business:		
Address and phone of Business (Street, City, ZIP, telephone & fax #):		Reason for Leaving:			Name, Title & Phone of Supervisor:		
Employment Dates: From: To:	Start Salary:	Ending Salary:	Hours per V	Week:	of e	tact, prior to an offer mployment?	
Description of Duties:		·				·	
Employer Nam	e: .	Position Titl	e:		Type of I	Business:	
Address and phone of Business (Street, City, ZIP, telephone & f:	ax#)	Reason for Lea	ving:	Nai	me, Title & Pho	one of Supervisor:	
Employment Dates:	Start Salary:	Ending Salary:	Hours per	Week:	To this ample	oyer still in business?	
From: To:	Start Salary.	Ending Salary.	·	,	Yes	No	
Description of Duties:					·		
Employer Nam	e:	Position Titl	e:		Type of l	Business:	
Address and phone of Business (Street, City, ZIP, telephone & f	ax#)	Reason for Lea	ving:	Na	me, Title & Ph	one of Supervisor:	
Employment Dates: From: To:	Start Salary:	Ending Salary:	Hours per	r Week: Is this employer still in busi			
Description of Duties:			1		-		

(For additional employers, please use a separate piece of paper or make a copy of this page)

REFERRAL SOURCE (PLEASE PROVIDE DETAIL WHEN POSSIBLE) Newspaper: Employee: Employee: Web Site: Employment Agency: Web Site: Bulletin Board: Professional Journal: Walk-in: Job Service:
Newspaper: Employee: Employment Agency: Web Site: Bulletin Board: Professional Journal: Walk-in: Job Service:
Newspaper: Employee: Employment Agency: Web Site: Bulletin Board: Professional Journal: Walk-in: Job Service:
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Wak-III.
Other:
In order for your application to be considered, you must complete the
Employment Application Affidavit / Information Release.
DOOR COUNTY PERSONNEL DEPARTMENT USE ONLY
Date Received:

EMPLOYMENT APPLICATION AFFIDAVIT / INFORMATION RELEASE

I hereby certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements, false information, or omissions of material fact herein subjects me to disqualification or dismissal. I further understand that my classification as a regular employee depends upon successfully performing work assigned to me during a probationary period, where applicable. I also understand that regular attendance is required of me as a condition of continued employment.

I understand and agree that all information furnished in this application may be verified by Door County. I also understand that any offer of employment is conditional subject to a satisfactory check of references and satisfactory results of a background check, drug screen when required, and any other required examinations.

I understand that Door County may conduct a check on my background to verify the information I have furnished in my application for employment, which may include, but not be limited to, information from previous employers, references, school records, driving records, and any criminal records.

I hereby voluntarily and knowingly authorize and request any current or former employer, educational institution, law enforcement agency, or other persons or organizations having personal knowledge about me to furnish Door County with any and all information in their possession regarding me, in connection with an application for or retention of employment. Further, I hereby release from liability or responsibility all persons, companies and corporations supplying such information. Copies of this document will be considered as valid as an original thereof.

Name (Printed or Typed):	Signature:	pate:
		,
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OPEN RECO	RDS DISCLOSURE (OPTI	ONAL)
This section is optional: Under section 19.3 must be open to public inspection. The s name revealed prior to being a "final candidate of the control of the candidate of the can	tatute also provides that if a	n applicant does not want his/her
Accordingly, I hereby request that my emp remain confidential to the extent allowed b		lated references and documents
Name (Printed or Typed):	Signature:	Date:

THANK YOU FOR COMPLETING THIS APPLICATION AND FOR YOUR INTEREST IN EMPLOYMENT WITH DOOR COUNTY.

DOOR COUNTY BACKGROUND CHECK & EQUAL EMPLOYMENT OPPORTUNITY INFORMATION DISCLOSURE FORM

Door County is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual preference, age, marital status, pregnancy, disability, or any other legally protected status.

The following information is needed for the following purposes:

- To complete various government reports and implement equal employment opportunity and affirmative actions programs.
- To monitor and prevent discrimination on the basis of race, color, religion, sex, national origin, sexual preference, age, marital status, pregnancy, disability, or any other legally protected status.
- To facilitate and conduct the necessary background checks for pre-employment screening. These may include, but are not limited to the following: caregiver background checks; criminal records checks; driver's licensing checks; credential and educational verifications; and other necessary background investigations.

The information furnished on this form will not and legally cannot be used adversely against an applicant for employment, except that age, sex, and physical or mental ability may be considered when relevant to the position for which you are applying. This document will not be kept with the employment application, and will not be shared with those individuals involved in the interview process. It shall be maintained as a confidential record of the Personnel Department.

Please	Supply The Foll	lowing Inforn	nation			
Last Name:	First	t Name:	M	Middle Name		
Position Applied For:		of Birth:	Are you 40 Yes	Are you 40 years of age or older? Yes No.		
Maiden Name (If Applicable):	· Social Secu	rity Number:		Sex:		
			Male	/ Female		
-	Race: (Please (Check One)				
American Indian/Native American (including Alaskan Natives) Affican American or African origin						
Asian	Hispanic/Lat	Hispanic/Latino				
White not of Hispanic origin	Native Hawa	Native Hawaiian or Pacific Islander				
Other			•			
	Disabilit	y:				
The Americans with Disabilities Act (ADA) dimpairment that substantially limits one or momanual tasks, walking, caring for oneself, lear	ore major life activities	[such as hearing, see	eing, speaking, breat	hing, performing		

The completion of the "Door County Background Check & Equal Employment Opportunity Information Disclosure Form" is voluntary, and there will be no adverse consequences for not completing this form.

regarded as having such an impairment." Based on this definition, are you an individual with a disability?

No

Yes